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SERIAL NUMBER 09/007,306	FILING DATE 01/15/1998 RULE	CLASS 424	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. PF-0182-1
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APPLICANTS

JENNIFER L. HILLMAN, SAN JOSE, CA; ✓

** CONTINUING DATA *****

This application is a DIV of 08/774,169 12/26/1996 PAT 5,756,332 ✓

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>me</i> Initials				



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TITLE

NOVEL GUANOSINE MONOPHOSPHATE REDUCTASE

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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SERIAL NUMBER 09/007,306	FILING DATE 01/15/98	CLASS 435	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. PF-0182-1		
TENNIFER L. HILLMAN, SAN JOSE, CA. 						
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A DIV OF 08/774,169 12/26/96 PAT 5,756,332 						
371 (NAT'L STAGE) DATA*** VERIFIED _____						
FOREIGN APPLICATIONS*** FIED _____						
FOREIGN FILING LICENSE GRANTED 04/09/98						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Initials _____		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance CA	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 5
ADDRESS LUCY J BILLINGS INCYTE PHARMACEUTICALS INC 3174 PORTER DRIVE PALO ALTO CA 94304						
TITLE NOVEL GUANOSINE MONOPHOSPHATE REDUCTASE						
FILING FEE RECEIVED \$954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			